

FORM 5 – SUMMONS TO WITNESS

**Discipline Committee of the
Ontario College of Pharmacists**

IN THE MATTER OF the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18, as amended, and the regulations thereunder, as amended;

AND IN THE MATTER OF the *Pharmacy Act, 1991*, S.O. 1991, c.36, as amended, and the regulations thereunder, as amended;

AND IN THE MATTER OF the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, c.H.4, as amended, and the regulations thereunder, as amended;

AND IN THE MATTER OF allegations of proprietary/professional misconduct/incompetence referred by the Accreditation/ Inquiries, Complaints and Reports Committee to the Discipline Committee of the Ontario College of Pharmacists regarding _____.

**SUMMONS TO A WITNESS BEFORE THE DISCIPLINE COMMITTEE
OF THE ONTARIO COLLEGE OF PHARMACISTS**

TO:

First Name of Witness

Last Name of Witness

Address and Email

**YOU ARE REQUIRED TO ATTEND TO GIVE EVIDENCE AT THE HEARING OF THIS
PROCEEDING ON:**

Date(s):

Time:

Location: 483 Huron Street, Toronto, ON

and to remain until your attendance is no longer required.

YOU ARE REQUIRED TO BRING WITH YOU and produce at the hearing the following documents and things:

List documents and things the witness is required to bring.

Not Applicable

IF YOU FAIL TO ATTEND OR TO REMAIN IN ATTENDANCE AS THIS SUMMONS REQUIRES, THE SUPERIOR COURT OF JUSTICE MAY ORDER THAT A WARRANT FOR YOUR ARREST BE ISSUED OR THAT YOU BE PUNISHED IN THE SAME WAY AS FOR CONTEMPT OF THAT COURT.

Date: _____

Chair of the Discipline Committee

NOTE: You are entitled to be paid the same fees or allowance for attending at or otherwise participating in the hearing as are paid to a person summonsed to attend before the Superior Court of Justice.

This summons was issued at the request of the individual below. Inquiries about the summons or payment of attendance fees should be directed to:

First Name of Requestor

Last Name of Requestor

Address, Telephone Number, and Email